



Last Updated: 07/08/2022

## Updates to the Mental Health Services Manual

The purpose of this memorandum is to notify providers of changes to the Covered Services and Limitations Chapter (Chapter IV) and the Intensive Community Based Support Appendix (Appendix E) of the Mental Health Services Manual, previously known as the Community Mental Health Services (CMHRS) Manual.

This manual update includes the following changes:

- **Chapter IV:** Chapter IV includes general requirements for all mental health services as well as service specific provider requirements for Intensive In-Home (IIH), Therapeutic Day Treatment (TDT), Psychosocial Rehabilitation (PSR), Mental Health Skill-Building (MHSS) services, Mental Health Case Management (MHCM) and Treatment Foster Care-Case Management (TFC-CM). In addition to clarifications of existing language, the following changes were made:
  - Language was added to indicate that providers shall discharge an individual if consent for treatment is withdrawn;
  - Additions were made to the list of non-reimbursable activities for all mental health services;
  - Language was added to IIH and MHSS to indicate that services must be provided on a one-to-one basis.
  - Language was added to TDT and PSR to indicate that group delivery of the service is allowed and that providers shall not bill for time when the individual is not present at the program.
- **Appendix E:** Appendix E includes the level of care guidelines, medical necessity criteria, provider participation requirements, service authorization and billing guidance for Assertive Community Treatment (ACT). In addition to clarifications and a reorganization of existing language, the following changes were made:
  - Language was added to clarify the role of the psychiatrist or psychiatric nurse practitioner and the time frames for the completion of the required psychiatric evaluation.
  - An allowance was added for individuals to receive individual, group or family therapy outside of the ACT Team if the therapy involves a treatment modality benefiting the individual that is not available within the ACT Team.
  - Language was added to clarify required documentation for continued stay authorization requests.

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### PROVIDER CONTACT INFORMATION & RESOURCES



# MEDICAID MEMO

<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>
<p><b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p><b>Medallion 4.0</b></p>	<p><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></p>
<p><b>CCC Plus</b></p>	<p><a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a></p>
<p><b>PACE</b></p>	<p><a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or Call: 1-800-424-4046</p>
<p><b>Provider HELPLINE</b> Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p><a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p><a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020</p>
<p>Molina Complete Care</p>	<p>1-800-424-4524 (CCC+) 1-800-424-4518 (M4)</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a></p>



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United Healthcare	<a href="http://www.Uhcommunityplan.com/VA">www.Uhcommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>